

From: HQ USPACOM J3 [<mailto:amhsadmin@hq.pacom.smil.mil>]

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To: PACOM JOC NCO

Subject: USPACOM FY 2015 FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR

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FM HQ USPACOM J3

TO RUEADWD/HQDA SURG GEN WASHINGTON DC

RUIAAAA/CDRUSARPAC CG FT SHAFTER HI

RUOIAAAA/COMPACFLT PEARL HARBOR HI

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RUOIAAAA/NAVHOSP GU

RUOIAAAA/NAVHOSP OKINAWA JA

RUOIAAAA/NAVHOSP YOKOSUKA JA

RUICAAA/HQ USPACOM J7

RUICAAA/HQ USPACOM J3

RUICAAA/HQ USPACOM JOC

BT

UNCLAS/

SUBJ/USPACOM FY 2015 FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR NARR/MEDICAL

GUIDANCE FOR DEPLOYMENT IN SUPPORT OF OPERATIONS WITHIN THE USPACOM AOR PASS TO TO

HQDA SURGEON GENERAL (UC) CDRUSARPAC FT SHAFTER HI

COMPACFLT PEARL HARBOR HI

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ALCOM ELMENDORF AFB AK

COMUSKOREA SEOUL KOR

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HQ USAF BOLLING AFB DC

COMUSKOREA SEOUL KOR
 EAMC/ OPS
 COMUSJAPAN YOKOTA AB JA J4
 ALCOM ELMENDORF AFB AK
 COMSEVENTHFLT
 CG III MEF G-4
 SURGEON CG THIRD FSSG G-3
 CDRTAMC HONOLULU HI
 CDR18TH MEDCOM(DS)
 FT SHAFTER FLATS HI
 18MDG KADENA AB JA SG/SGPX/SGSL/SGSAL
 3MDG ELMENDORF AFB AK SGSAL/SGAL/SGX
 35MDG MISAWA AB JA CCSGPR/SGSL/SGSAL
 36MDSS ANDERSEN AFGU CC/SGOARSGSL/SGSAL
 374MDG YOKOTA AB JA CC/SGSAL/SGPR/SGX
 5LMDG OSAN AB KOR SGHL/SGAL
 7AF OSAN AB KOR SGX
 HICKAM CCP HICKAM AFB HI
 NAVHOSP GU 00/502
 NAVHOSP OKINAWA JA/00
 NAVHOSP YOKOSUKA JA 041
 CDR USPACOM HONOLULU HI J07/CATMED/CAT MSGID/ ORDER/ CDR USPACOM// SUBJ/USPACOM FY
 2015 FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR NARR/MEDICAL GUIDANCE FOR
 DEPLOYMENT IN SUPPORT OF OPERATIONS WITHIN THE USPACOM AOR// REF/A/JOINT STAFF/MEMO/
 07 DEC 2012//
 REF/B/DOD/DOC/09 OCT 2004// REF/C/DOD/DOC/11 AUG 06//
 REF/D/DOD/DOC/23 JAN 2009// REF/E/OSD/MEMO/10 MAR 2005// REF/F/DOD/DOC/05 FEB 2010/ /
 REF/G/CDC/WEBPAGE /01 JUL 2012//
 REF/H/OSD/28 MAY 2008//
 REF/I/OSD/07 OCT 2013//
 REF/J/OSD/12 MAR 2009//
 REF/K/DOD/07 OCT 2013// REF/L/NCMI/WEBPAGE/NA// REF/M/OSD/MEMO/14 NOV 2011//
 REF/N/OSD/15 APR 2013//
 REF/O/USPACOM/MSG 252137Z OCT 2012//
 REF/P/AHRQ/MANUAL/AUG 2010//
 REF/Q/DOD/DOC/7 JUN 2013//
 REF/R/DOD/DOC/22 NOV 2011// REF/S/USPACOM/MSG/260049ZNOV 13//
 REF/T/DOD/27 FEB 2008//
 REF/U/AFPMB/OCT 2009//
 REF/V/OSD/15 APR 2013// REF/W/OSD/26 JUL 2012// REF/X/AFPMB/APR 2010//
 REF/Y/DOD/8FEB2012// NARR/REF A IS JOINT STAFF MEMO ON PROCEDURES FOR DEPLOYMENT
 HEALTH SURVEILLANCE (MSM-0017-12), REF B IS DODD 6200.04 "FORCE HEALTH PROTECTION" OF 09
 OCT 2004, REF C IS DODI 6490.03 "DEPLOYMENT HEALTH"
 OF 30 SEP 11, REF D IS DODD 1404.10 "DOD CIVILIAN EXPEDITIONARY WORKFORCE" OF 23 JAN 2009,
 REF E IS OASD(HA) MEMO "POST DEPLOYMENT HEALTH REASSESSMENT" OF 10 MAR 2005, REF F IS
 DODI 6490.07
 "DEPLOYMENT- LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN
 EMPLOYEES" OF 05FEB 2010, REF G IS THE CDC TRAVELERS HEALTH WEBPAGE AT HTTP.(DOUBLE

SLASH)WWW.CDC.GOV/TRAVEL/, REF H IS OASD(HA) MEMO "BASELINE PREDEPLOYMENT NEUROCOGNITIVE FUNCTIONAL ASSESSMENT - INTERIM GUIDANCE" OF 28 MAY 2008, REF I IS OASD(HA) MEMO "CLINICAL PRACTICE GUIDANCE FOR DEPLOYMENT-LIMITING DISORDERS AND PSYCHOTROPIC MEDICATIONS" OF 7 OCT 2013, REF J IS OASD (HA) MEMO "POLICY FOR DECREASING USE OF ASPIRIN (ACETYLSALICYLIC ACID) IN COMBAT ZONES" OF 12 MAR 2009, REF K IS AR 40-562/ BUMEDINST 6230.15B/ AFI 48- 110_ IP/CG COMDTINST M6230.4G "IMMUNIZATION AND CHEMOPROPHYLAXIS" OF 07 OCT 2013, REF L IS NATIONAL CENTER FOR MEDICAL INTELLIGENCE WEBSITES AT WWW.INTELINK.GOV/ NCMI/INDEX.PHP (LINK IS CASE SENSITIVE) OR (SIPR)HTTP: (DOUBLE SLASH) WWW.AFMIC.DIA.SMIL.MIL, REF M IS OSD (HA) MEMO "HUMAN RABIES PREVENTION DURING AND AFTER DEPLOYMENT OF 14 NOV 2011, REF N IS OASD (HA) MEMO "GUIDANCE ON MEDICATIONS FOR PROPHYLAXIS OF MALARIA" OF 15 APR 13, REF O IS USPACOM FORCE HEALTH PROTECTION GUIDANCE MESSAGE OF 260049Z Nov 13, REF P IS THE GUIDE TO CLINICAL PREVENTIVE SERVICES 2012 FROM THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY OF OCT 2011, REF Q IS DODI 6485.1 "HUMAN IMMUNODEFICIENCY VIRUS-1 (HIV-1) IN MILITARY SERVICE MEMBERS" OF 7 JUN 2013, REF R IS THE DODI 6490.05 "MAINTENANCE OF PSYCHOLOGICAL HEALTH IN MILITARY OPERATIONS" OF 22 NOV 2011// REF S IS PACOM FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR, REF T IS DODI 6200.02 APPLICATION OF FOOD AND DRUG ADMINISTRATION (FDA) RULES TO DEPT OF DEFENSE FORCE HEALTH PROTECTION PROGRAMS OF 27 FEB 2008, REF U IS ARMED FORCES PEST MANAGEMENT BOARD TECHNICAL GUIDE 36 OF OCT 2009, REF V IS OASD (HA) MEMO "GUIDANCE ON MEDICATIONS FOR PROPHYLAXIS OF MALARIA" OF 15 APR 2013, REF W IS OASD (HA) MEMO "IMPLEMENTATION OF REVISED DEPT OF DEFENSE FORMS 2795, 2796, AND 2900 OF 26 JUL 2012, REF X IS ARMED FORCES PEST MANAGEMENT BOARD TECHNICAL GUIDE 41 OF DEC 2013 WWW.AFPMB.ORG/ REF Y IS COMPREHENSIVE HEALTH SURVEILLANCE" OF 30 OCT 2013.

1. (U) THIS MESSAGE PROVIDES UPDATED USPACOM MEDICAL GUIDANCE FOR DEPLOYMENT IN SUPPORT OF OPERATIONS (AS DEFINED BY REF A and C) WITHIN THE USPACOM AOR IAW REFS A THROUGH Y CANCELS REF S. PERSONNEL PERMANENTLY ASSIGNED OR ON TDA/TDY ORDERS ARE RECOMMENDED TO ADHERE TO, AT MINIMUM, THE HEALTH PROTECTION MEASURES AT PARAGRAPHS: 2.A-2.G.; 3.A.-3.B.; 4.A.-4.D.; 6.C.-6.G.; AND 8.A.-8.F.

1.A. (U) THIS MESSAGE APPLIES TO ACTIVE COMPONENT MILITARY, DOD CIVILIAN PERSONNEL AND CONTRACT PERSONNEL WORKING FOR DOD IN ACCORDANCE WITH THEIR STATEMENTS OF WORK.

1.B. (U) PARAGRAPH TWO COVERS DEPLOYMENT HEALTH SUITABILITY REQUIREMENTS AND WAIVERS, PARAGRAPH THREE AND FOUR DETAILS VACCINATIONS, PARAGRAPH FIVE COVERS REQUIRED PRE AND POST DEPLOYMENT TESTING, PARAGRAPH SIX COVERS PREVENTIVE MEDICINE AND PERSONAL PROTECTIVE EQUIPMENT, PARAGRAPH SEVEN COVERS THE MEDICAL THREAT ENVIRONMENT, PARAGRAPH EIGHT COVERS FIELD SANITATION AND HYGIENE, PARAGRAPH NINE COVERS REQUIRED PRE AND POST DEPLOYMENT HEALTH ASSESSMENTS. PARAGRAPH TEN COVERS DISEASE AND INJURY, AS WELL AS REPORTABLE MEDICAL EVENT SURVEILLANCE. PERSONNEL MUST BE SCREENED AND MEET MEDICAL READINESS STANDARDS. THIS GUIDANCE DOES NOT SUPERSEDE BEST CLINICAL JUDGMENT.

2. (U) INDIVIDUALS WITH THE FOLLOWING CONDITIONS SHOULD NOT DEPLOY WITHOUT A MEDICAL AND/OR DENTAL WAIVER FROM RESPECTIVE COMPONENT SURGEON:

2.A. (U) CONDITIONS THAT PREVENT THE WEAR OF REQUIRED PERSONAL PROTECTIVE EQUIPMENT TO INCLUDE FACTORY TREATED UNIFORMS.

2.B. (U) CONDITIONS THAT PROHIBIT REQUIRED IMMUNIZATIONS OR MEDICATIONS.

2.C. (U) CHRONIC CONDITIONS THAT REQUIRE FREQUENT CLINICAL VISITS (MORE THAN SEMI-ANNUALLY) OR ANCILLARY TESTS (MORE THAN TWICE/YEAR), THAT REQUIRE EVALUATION/TREATMENT BY MEDICAL SPECIALISTS NOT READILY AVAILABLE IN THEATER, THAT FAIL TO RESPOND TO ADEQUATE CONSERVATIVE TREATMENT, THAT REQUIRE SIGNIFICANT LIMITATION TO PHYSICAL ACTIVITY, OR THAT CONSTITUTE INCREASED RISK OF ILLNESS, INJURY, OR INFECTION.

2.D. (U) ANY UNRESOLVED ACUTE ILLNESS OR INJURY THAT WOULD IMPAIR DUTY PERFORMANCE DURING THE DURATION OF THE DEPLOYMENT.

2.E. (U) ANY MEDICAL CONDITION THAT REQUIRES DURABLE MEDICAL EQUIPMENT (E.G., CPAP, TENS, CATHETERS, ETC.), MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTION CONTROL PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT THAT ARE NOT AVAILABLE AT DEPLOYMENT LOCATION.

SHIPBOARD PERSONNEL WHO WILL NOT BE SUPPORTING LAND BASED OPERATIONS MAY BE EXEMPT FROM THIS REQUIREMENT.

2.F. (U) ANY DENTAL CONDITION REDUCING DENTAL READINESS BELOW CLASS 2, GENERALLY THESE CONDITIONS ARE NOT WAIVERABLE.

2.G (U) WAIVER REQUESTS ARE SUBMITTED TO RESPECTIVE COMPONENT SURGEON, WHO MAY DELEGATE AUTHORITY.

3. (U) MANDATORY VACCINATIONS.

3.A. (U) ENSURE ALL PERSONNEL ARE CURRENT FOR ROUTINE ADULT VACCINATIONS.

3.A.(1) (U) HEPATITIS A VACCINE (SERIES COMPLETE, OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT).

3.A.(2) (U) HEPATITIS B VACCINE (SERIES COMPLETE, OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT).

3.A.(3) (U) POLIO AND MEASLES/MUMPS/ RUBELLA VACCINE. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL DEPLOYERS.

3.A.(4) (U) VARICELLA. REQUIRED FOR PERSONNEL WITHOUT EVIDENCE OF IMMUNITY TO VARICELLA. EVIDENCE OF IMMUNITY IN ADULTS INCLUDES ANY OF THE FOLLOWING: DOCUMENTATION OF 2 DOSES OF VARICELLA VACCINE 4 WEEKS APART, US CITIZENS BORN BEFORE 1980 (NOT FOR HEALTHCARE PERSONNEL), HISTORY OF VARICELLA BASED ON DIAGNOSIS OR VERIFICATION BY HEALTHCARE PROVIDER, OR LABORATORY EVIDENCE OF IMMUNITY (ANTIBODY TITER).

DOCUMENTATION INTO THE MEDICAL RECORD AND SERVICE IMMUNIZATION DATABASE IS REQUIRED.

3.A.(5) (U) TETANUS-DIPHTHERIA-ACELLULAR PERTUSSIS(TDAP) LAST DOSE REQUIRED WITHIN 10 YEARS. FOR ADULTS WHO HAVE NOT PREVIOUSLY RECEIVED A DOSE OF TDAP, ONE DOSE OF TDAP SHOULD BE GIVEN REGARDLESS OF INTERVAL SINCE THE LAST TETANUS VACCINE.

3.A.(6) (U) INFLUENZA VACCINE (CURRENT SEASONAL VACCINE).

3.A.(7) (U) TYPHOID VACCINE (INJECTABLE OR ORAL), CURRENT PER PACKAGE INSERT WITHIN TWO YEARS FOR INJECTABLE OR FIVE YEARS FOR ORAL PRIOR TO DEPLOYMENT.

3. B. (U) TRACKING OF UNIT IMMUNIZATIONS WILL BE IAW SERVICE POLICY.

4. (U) OTHER VACCINATIONS.

4.A. (U) JAPANESE ENCEPHALITIS (JE) VACCINE - JE VIRUS RISK VARIES BASED ON DESTINATION AND RISK OF EXPOSURE. TYPICALLY FOUND THROUGHOUT MUCH OF THE RURAL USPACOM AOR, PARTICULARLY IN EASTERN TROPICAL, SUBTROPICAL ASIA AND CERTAIN WESTERN PACIFIC ISLANDS, MAINLY IN AREAS OF RICE AGRICULTURE AND PIG FARMING (SEE RISK MAPS AT REF L AND REF G). JE VACCINE IS RECOMMENDED (SERIES COMPLETE) FOR (1) ALL PERSONNEL WHO SHALL BE DEPLOYED FOR MORE THAN 30 DAYS TO ENDEMIC AREAS DURING THE JE TRANSMISSION SEASON THAT INVOLVES PROLONGED FIELD AND/OR NIGHT OPERATIONS; (2) SHORT-TERM TRAVELERS (I.E., LESS THAN 30 DAYS) TO ENDEMIC AREAS DURING THE JE VIRUS TRANSMISSION SEASON IF THEY PLAN TO TRAVEL OUTSIDE OF AN URBAN AREA AND HAVE AN INCREASED RISK FOR EXPOSURE DUE TO OUTDOOR ACTIVITIES; AND/OR (3) UNDER SOME HEALTH RISK CIRCUMSTANCES, HEALTH CARE PROVIDERS MAY RECOMMEND THAT SPECIFIC GROUPS RECEIVE JE VACCINE. ANY ROUTINE REQUIRED USE, BASED ON THE POTENTIAL TO DEPLOY AND/OR OPERATIONAL EXPOSURES, IS COVERED IN RESPECTIVE COMPONENT'S GUIDANCE.

4.B. (U) RABIES. WHEN DEPLOYING TO KNOWN HIGH-RISK ENDEMIC AREAS AND MISSION REQUIREMENTS WILL PRECLUDE ACCESS TO POST-EXPOSURE PROPHYLAXIS OR EXPOSURE IS LIKELY TO BE UNRECOGNIZED PRE-EXPOSURE RABIES VACCINE SERIES (3 VACCINATIONS) IS RECOMMENDED. ANY

ROUTINE REQUIRED USE, BASED ON THE POTENTIAL TO DEPLOY AND/OR OPERATIONAL EXPOSURES, IS COVERED IN RESPECTIVE COMPONENT'S GUIDANCE.

4.C. (U) YELLOW FEVER (YF). DOCUMENTATION OF YF VACCINE ON THE CDC YELLOW CARD (CDC FORM 731) MAY BE REQUIRED FOR ENTRY INTO SOME USPACOM COUNTRIES IF TRAVELING FROM OR TRANSITING THROUGH ENDEMIC AREAS (AFRICA AND SOUTH AMERICA). YF VACCINE IS VALID FOR 10 YEARS AND FACILITATES EASIER INTERNATIONAL TRAVEL.

4.D. (U) PNEUMOCOCCAL VACCINE IS RECOMMENDED FOR SMOKERS, ASPLENIC (NO SPLEEN) PERSONNEL, AND PERSONNEL WITH OTHERWISE COMPROMISED IMMUNE SYSTEMS OR WITH HIGH RISK HEALTH CONDITIONS, INCLUDING CHRONIC HEART, LUNG, LIVER OR KIDNEY DISEASE, AND DIABETES MELLITUS.

SCREENING OF OLDER POPULATION GROUPS, INCLUDING CIVILIAN CONTRACTORS AND MERCHANT MARINE SAILORS, FOR THESE CONDITIONS IS RECOMMENDED. ONE RE-VACCINATION FIVE OR MORE YEARS AFTER INITIAL PNEUMOCOCCAL VACCINATION IS RECOMMENDED FOR FUNCTIONAL (SICKLE CELL DISEASE) OR ANATOMIC ASPLENIA AND IMMUNOCOMPROMISED CONDITIONS. SEE CURRENT CDC GUIDELINES FOR FURTHER DETAILS.

5. (U) TESTING. THE FOLLOWING TESTS AND/OR SCREENINGS ARE REQUIRED PRIOR TO DEPLOYMENT IAW WITH SERVICE STANDARDS. ALL PERSONNEL DEPLOYING TO THEATER MUST BE MEDICALLY, DENTALLY, PSYCHOLOGICALLY FIT AND POSSESS A CURRENT PERIODIC HEALTH ASSESSMENT (PHA) OR PHYSICAL. FITNESS SPECIFICALLY INCLUDES THE ABILITY TO ACCOMPLISH TASKS AND DUTIES UNIQUE TO A PARTICULAR OPERATION AND TO TOLERATE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION.

5.A. (U) HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING AND PRE-DEPLOYMENT SERUM SPECIMENS.

5.A.(1) (U) HIV SCREENING WITHIN THE PREVIOUS 24-MONTHS PRIOR TO DEPLOYMENT IS REQUIRED. RESERVE COMPONENT (RC) PERSONNEL ARE REQUIRED TO HAVE CURRENT HIV- TEST WITHIN TWO YEARS OF THE DATE CALLED TO ACTIVE DUTY FOR 30-DAYS OR MORE. HIV TESTING REQUIRED FOR CIVILIAN PERSONNEL ONLY TO THE EXTENT PROVIDED IN THE APPLICABLE CONTRACT OR SERVICE POLICIES.

5.A.(1)(A) (U) THERE IS NO REQUIREMENT FOR HIV-TESTING FOLLOWING REDEPLOYMENT UNLESS STIPULATED IN MISSION ORDERS OR BASED UPON INDIVIDUAL RISK ASSESSMENT BY A CLINICIAN.

5.A.(2) (U) A PRE-DEPLOYMENT SERUM SPECIMEN FOR MEDICAL EXAMINATION WILL BE COLLECTED WITHIN ONE YEAR OF DEPLOYMENT. THE MOST RECENT SERUM SAMPLE, INCLUDING SERUM COLLECTED FOR HIV TESTING, COLLECTED WITHIN THE PREVIOUS 365- DAYS OF THE DATE OF THE DEPLOYMENT MAY SERVE AS THE PRE-DEPLOYMENT SERUM SAMPLE.

5.A.(3) (U) AS PART OF THE REDEPLOYMENT PROCESS, A POST-DEPLOYMENT SERUM SPECIMEN WILL BE COLLECTED WITHIN 30-DAYS AFTER ARRIVAL AT THE DEMOBILIZATION SITE, HOME STATION, OR IN-PATIENT MEDICAL FACILITY.

5.B. (U) DNA SAMPLE (ONLY ONE LIFETIME SAMPLE IS REQUIRED FOR DNA REPOSITORY FROM CHEEK SWAB).

5.C. (U) SICKLE CELL AND G6PD DEFICIENCY. A SINGLE SCREENING TEST IS SUFFICIENT FOR EACH TEST.

5.C.(1) (U) PERSONNEL WILL BE SCREENED FOR SICKLE CELL IAW SERVICE SPECIFIC GUIDELINES.

5.C.(2) (U) ALL PERSONNEL WILL BE SCREENED FOR G6PD DEFICIENCY.

5.C.(3) (U) TEST RESULTS WILL BE DOCUMENTED IN DD 2766, AND THE HEALTH RECORD. PERSONNEL WITH G6PD DEFICIENCY WILL NOT RECEIVE PRIMAQUINE FOR TERMINAL MALARIA PROPHYLAXIS AND/OR TREATMENT UNLESS REFERRED TO OR DISCUSSED WITH AN INTERNAL MEDICINE OR INFECTIOUS DISEASE SPECIALIST.

5.D. (U) PREGNANCY TESTING. ALL DEPLOYING FEMALE SERVICE MEMBERS WILL BE ASSESSED FOR PREGNANCY IN ACCORDANCE WITH SERVICE COMPONENT POLICIES WITHIN ONE MONTH PRIOR TO

ACTUAL MOVEMENT OVERSEAS AND COUNSELED THAT PREGNANCY MAY CAUSE MEMBER TO BE NON-DEPLOYABLE.

5.E. (U) MALE AND FEMALE SERVICE MEMBERS WHO REQUIRE AGE AND RISK APPROPRIATE CANCER SCREENING PRIOR TO THE START OF DEPLOYMENT SHALL RECEIVE THE APPROPRIATE SCREENING PRIOR TO DEPLOYMENT IN ACCORDANCE WITH SERVICE SPECIFIC GUIDANCE.

5.F. (U) VISION READINESS. THE VISION READINESS OF EACH SERVICE MEMBER WILL BE ASSESSED WITHIN 12 MONTHS OF DEPLOYMENT. SERVICE MEMBERS CLASSIFIED AS VISION READINESS CLASSIFICATION ONE AND TWO ARE FULLY DEPLOYABLE. SERVICE MEMBERS IN CLASS THREE OR FOUR ARE NOT DEPLOYABLE. SERVICE MEMBERS WHO ARE IN CLASS THREE (CORRECTED VISION WORSE THAN 20/40 OR UNCORRECTED VISION WORSE THAN 20/400 OR WHO DO NOT POSSESS REQUIRED OPTICAL DEVICES) OR CLASS FOUR (LAST VISION SCREENING OR EYE EXAM IS GREATER THAN ONE YEAR OLD OR VISION CLASSIFICATION IS UNKNOWN) AT THE TIME OF SCREENING WILL IMMEDIATELY BE RECLASSIFIED AFTER OBTAINING CORRECTIVE VISION OR OPTICAL SERVICES. ALL THOSE WHO DEPLOY REQUIRING CORRECTIVE LENSES MUST HAVE A MINIMUM OF TWO PAIRS OF SPECTACLES.

5.G. (U) TUBERCULOSIS SCREENING. PRE-DEPLOYMENT TUBERCULOSIS SCREENING WILL BE CONDUCTED IN ACCORDANCE WITH CDC GUIDELINES OR SERVICE SPECIFIC POLICY. A LARGE NUMBER OF COUNTRIES WITHIN THE USPACOM AOR ARE CLASSIFIED AS HAVING A HIGH BURDEN OF TUBERCULOSIS (TO INCLUDE MULTIDRUG RESISTANT TB). IN KEEPING WITH CDC GUIDELINES, IF A SERVICE MEMBER WILL BE DEPLOYING FOR AN EXTENDED PERIOD OF TIME TO A HIGH RISK AREA OR WILL HAVE ROUTINE CONTACT WITH HIGH RISK POPULATIONS, INCLUDING HOSPITAL, PRISON, HOMELESS, OR DISPLACED POPULATIONS, MEMBER SHOULD BE SCREENED FOR EXPOSURE TO TUBERCULOSIS PRIOR TO LEAVING THE U.S. WITH EITHER A TUBERCULIN SKIN TEST (TST) OR AN INTERFERON-GAMMA RELEASE ASSAY (IGRA) SUCH AS QUANTIFERON-TB GOLD OR QUANTIFERON-TB GOLD-IN-TUBE TEST. FOR THESE UNIQUE DEPLOYMENT SITUATIONS IF THE ANTICIPATED DEPLOYER HAS HAD A TEST WITHIN THE PAST YEAR AND NO SUBSEQUENT SUSPECTED EXPOSURES, THEN THAT MOST RECENT TEST IS CAN BE A VALID PRE-DEPLOYMENT TEST. ROUTINE SCREENING OF ALL PERSONNEL IS NOT RECOMMENDED AS SCREENING THOSE AT LOW RISK WILL LEAD TO AN INCREASED NUMBER OF FALSE POSITIVE TESTS AND UNNECESSARY THERAPEUTIC TREATMENT. IF SERVICE SPECIFIC POLICY IS MORE COMPREHENSIVE THAN THE CDC GUIDELINES, SERVICE SPECIFIC POLICY WILL TAKE PRECEDENCE.

5.G.(1) (U) FOR RAPID DEPLOYMENTS (WITHIN 48 HOURS OR LESS), IGRA IS THE PREFERRED SCREENING METHOD, IF AVAILABLE, AS THERE IS NO NEED FOR PATIENT RECALL TO DETERMINE THE RESULTS OF THE TEST AND NO INTERFERENCE IF THE PATIENT PREVIOUSLY RECEIVED BCG VACCINE.

5.G.(2) (U) TB CONVERTORS WHO HAVE HAD A PRIOR EVALUATION AND APPROPRIATE MANAGEMENT ARE DEPLOYABLE. PERSONNEL WHO HAVE RECENTLY CONVERTED TO TST/IGRA POSITIVE MUST BE MEDICALLY EVALUATED AND CLEARED OF ACTIVE TUBERCULOSIS BEFORE BEING CONSIDERED FOR DEPLOYMENT. DEPLOYABILITY IS BASED ON SERVICE COMPONENT POLICY.

5.G.(3) (U) POST-DEPLOYMENT PERSONNEL WILL BE SCREENED FOR TUBERCULOSIS EXPOSURE IN ACCORDANCE WITH SERVICE POLICY. FOR THOSE WHO ARE FOUND TO HAVE BEEN AT AN INCREASED RISK OF EXPOSURE, A TST OR IGRA TEST WILL BE CONDUCTED AT 8-10 WEEKS POST-DEPLOYMENT TO DETERMINE EXPOSURE STATUS. THOSE FOUND TO HAVE A NEW POSITIVE TB SCREENING TEST WILL BE TREATED PER CDC OR SERVICE GUIDELINES. REPEAT TESTING OF INDIVIDUALS WHO WERE PREVIOUSLY FOUND TO BE TST OR IGRA POSITIVE IS UNNECESSARY. IF THESE INDIVIDUALS WERE FOUND TO HAVE HAD AN INCREASED EXPOSURE RISK AND/OR BECOME SYMPTOMATIC, THEY MUST BE CLINICALLY AND/OR RADIOGRAPHICALLY EVALUATED POST-DEPLOYMENT.

5.H. (U) HEARING READINESS. IAW SERVICE STANDARDS, DEPLOYING SERVICE MEMBERS MAY BE REQUIRED TO HAVE THEIR HEARING ASSESSED BY AUDIOMETRIC TESTING. DD FORM 2215 (REFERENCE BASELINE AUDIOGRAM) OR DD FORM 2216 (PERIODIC AUDIOGRAM) SHALL BE IN THEIR MEDICAL RECORD. IF REQUIRED AND A MEMBER'S RECORD DOES NOT CONTAIN DD FORM 2215, THEN ONE WILL

BE COMPLETED BY QUALIFIED PERSONNEL USING THE DEFENSE OCCUPATIONAL ENVIRONMENTAL HEALTH READINESS SYSTEM HEARING CONSERVATION AUDIOMETER. HEARING SHIFTS MAY BE ASSOCIATED WITH, OR AN INDICATOR OF, TRAUMATIC BRAIN INJURY.

5.I. (U) IAW REF (H), EVERY SERVICE MEMBER RECEIVES A NEUROCOGNITIVE ASSESSMENT USING ANAM (AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT MATRIX), OR EQUIVALENT VALIDATED TEST, WITHIN 12 MONTHS PRIOR TO DEPLOYMENT. THIS 20-MINUTE COMPUTER-BASED ASSESSMENT DOES NOT INFLUENCE WHETHER OR NOT THE MEMBER IS DEPLOYABLE. IT ESTABLISHES A PRE-DEPLOYMENT BASELINE THAT LATER CAN BE USED IF MEMBER IS INJURED WITH A SUSPECTED MILD TRAUMATIC BRAIN INJURY/CONCUSSION (M-TBI). WHEN ANAM IS UTILIZED AFTER A SUSPECT M-TBI, IF ABNORMAL, IT CAN IDENTIFY THOSE WHO SHOULD RECEIVE A MORE THOROUGH NEUROPSYCHOLOGICAL EVALUATION.

5.J. (U) REF (I) PROVIDES POLICY GUIDANCE FOR DEPLOYING SERVICE MEMBERS WHO EXPERIENCE PSYCHIATRIC DISORDERS AND/OR WHO ARE PRESCRIBED PSYCHOTROPIC (PSYCHIATRIC) MEDICATIONS. A MEMBER WITH A DISORDER IN REMISSION OR WHOSE RESIDUAL SYMPTOMS DO NOT IMPAIR DUTY PERFORMANCE MAY BE CONSIDERED FOR DEPLOYMENT, BUT SERVICE MEMBER MUST HAVE BEEN CLINICALLY STABLE FOR AT LEAST 3 MONTHS PRIOR TO PRE-DEPLOYMENT ASSESSMENT. NO WAIVERS WILL BE GRANTED FOR PSYCHOTIC AND BIPOLAR DISORDERS. SERVICE MEMBERS CANNOT DEPLOY ON ANTIPSYCHOTICS, LITHIUM OR ANTICONVULSANTS. FOR PERSONNEL WHO ARE ON PSYCHOTROPIC MEDICATIONS, INCLUDING ANTIDEPRESSANTS, AND WHO ARE NOT STABLE FOR AT LEAST 3 MONTHS WHILE ON MEDICATION, A WAIVER REQUEST MUST BE SUBMITTED TO THE RESPECTIVE COMPONENT SURGEON. A WAIVER REQUEST SHOULD ALSO BE REQUESTED FOR THOSE WITH HISTORY OF INPATIENT PSYCHIATRIC HOSPITALIZATION OR USE OF PSYCHOTROPIC MEDICATIONS FOR NON PSYCHIATRIC CONDITIONS. SERVICE MEMBERS WHO DEPLOY MUST HAVE A 90-DAY SUPPLY OF THEIR MEDICATIONS TO ALLOW FOR CONTINUED STABILITY UNTIL THEY CAN BE FOLLOWED BY A PROVIDER IN THEATER. SERVICE MEMBERS ON PSYCHOTROPIC MEDICATIONS MUST OBTAIN A SMALL ARMS WAIVER IAW SERVICE COMPONENT POLICY.

6. (U) PREVENTIVE MEDICINE COUNTERMEASURES.

6.A. (U) ALL DEPLOYING PERSONNEL (MILITARY AND DOD CIVILIAN) WILL MOBILIZE WITH A DEPLOYABLE MEDICAL RECORD (DD FORM 2766) UPDATED WITH BLOOD TYPE, MEDICATION ALLERGIES/ALLERGIES DOCUMENTED IN THE MEDICAL RECORD AND NOTED ON THE DOGTAGS, SPECIAL DUTY QUALIFICATIONS, IMMUNIZATION RECORD, PRE-DEPLOYMENT HEALTH ASSESSMENT FORM, AND SUMMARY SHEET OF PAST MEDICAL PROBLEMS. UNITS WILL NOT DEPLOY WITH PERMANENT HEALTH AND DENTAL RECORDS. DEPLOYABLE MEDICAL RECORD (DDFORM 2766) AND DENTAL ENCOUNTERS WILL BE RETURNED TO HOME STATION FOLLOWING MOBILIZATION/DEPLOYMENT PROCESSING.

6.B. (U) A MINIMUM 90-DAY SUPPLY OF ALL CURRENT PRESCRIBED MEDICATIONS SHOULD BE CARRIED BY SERVICE MEMBER INTO DEPLOYMENT.

6.C. (U) VECTOR CONTROL ITEMS. USE ALL COMPONENTS OF DOD ARTHROPOD REPELLENT SYSTEM IAW REF (V), AFPMB TECHNICAL GUIDE 36 WHEN VECTORS ARE/MAY BE PRESENT.

6.C.(1) (U) SERVICE PERSONNEL WILL DEPLOY WITH PERMETHRIN TREATED UNIFORMS. CONTACT ARMED FORCES PEST MANAGEMENT BOARD OR CONTINGENCY LIAISON OFFICER FOR SPECIFIC UNIFORM INSECT REPELLENCY TREATMENT RECOMMENDATIONS. WWW.AFPMB.ORG

6.C.(1)(A) (U) MANUFACTURER PRE-TREATED UNIFORMS (CURRENTLY AVAILABLE ONLY FOR ARMY (ALARACT 170/2013) AND MARINE CORPS UNIFORMS). THESE CANNOT BE RETREATED.

6.C.(1)(B) (U) INSECT REPELLENT, CLOTHING APPLICATION, AEROSOL, PERMETHRIN ARTHROPOD REPELLENT, 6-OZ CANS. SPRAY OUTER SURFACE OF UNIFORMS UNTIL FABRIC APPEARS MOISTENED AND SLIGHT COLOR CHANGE IS NOTED. ALLOW TO FULLY AIR DRY BEFORE WEARING.

6.C.(1)(C) (U) INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT. TREAT UNIFORMS ACCORDING TO MANUFACTURER'S INSTRUCTIONS. ALLOW TO AIR DRY FOR AT LEAST 3 HOURS PRIOR TO WEAR.

6.C.(2) (U) INSECT/ ARTHROPOD REPELLENT LOTION CONTAINING DEET. SPREAD SMALL AMOUNT EVENLY ON EXPOSED SKIN. DO NOT USE UNDER CLOTHING. FOR ACCEPTABLE ALTERNATIVE, ARMED FORCES PEST MANAGEMENT BOARD HAS APPROVED PICARIDIN- NATRAPEL (20% PICARDIN) 3.5 OZ PUMP SPRAY NSN 6840-01-619-4795.

6.C.(3) (U) BED NET, POP-UP, SELF-SUPPORTING LOW PROFILE BED NET (SSLPB), TREATED WITH PERMETHRIN REPELLENT, GREEN CAMOUFLAGE OR COYOTE BROWN. IF POP-UP BED NETS ARE NOT READILY AVAILABLE, OBTAIN ANY OTHER MILITARY OR COMMERCIALY-AVAILABLE BED NET.

6.C.(4) (U) PROPER UNIFORM WEAR, INCLUDING PANT LEGS BLOUSED OR TUCKED INTO BOOTS OR SOCKS, UNDERSHIRT TUCKED INTO PANTS, BLOUSE SLEEVES DOWN, WRIST OPENINGS SECURED, AND COLLAR CLOSED.

6.D. (U) SUNSCREEN AND LIP BALM SPF-30 OR GREATER, WITH MULTIPLE APPLICATIONS THROUGHOUT THE DAY.

6.E. (U) SINGLE OR TRIPLE FLANGE EARPLUGS OR COMBAT ARMS EARPLUGS.

6.F. (U) PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT, INCLUDING CORRECTIVE EYEWEAR, HEARING AIDS AND BATTERIES, ORTHODONTIC EQUIPMENT, OR CPAP (WITH WAIVER), MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION. PERSONNEL REQUIRING CORRECTIVE EYEWEAR WILL HAVE IN THEIR POSSESSION TWO PAIRS OF EYEGASSES, PROTECTIVE MASK EYEGASS INSERTS, AND BALLISTIC EYEWEAR INSERTS.

6.G. (U) FOLLOW SERVICE COMPONENT GUIDELINES FOR ISSUE OF THE INDIVIDUAL FIRST AID KIT.

6.H. (U) OCCUPATIONAL/OPERATIONAL-SPECIFIC PERSONAL PROTECTIVE EQUIPMENT (PPE). IF ADDITIONAL PPE IS WARRANTED BASED ON OCCUPATIONAL/OPERATIONAL RISK, THE ON-SITE COMMAND MEDICAL OFFICER, USPACOM SURGEON OR SERVICE COMPONENT SURGEONS WILL PROVIDE RECOMMENDATIONS. ON-SITE COMMANDERS, MEDICAL PERSONNEL, AND FORCE HEALTH PROTECTION OFFICERS SHOULD ALSO EVALUATE THE NEED TO UPDATE PPE, BASED ON THEIR ONGOING EVALUATION OF OPERATIONAL RISKS.

6.I. (U) THERE IS NO INDICATION FOR THE USE OF MEDICAL COUNTER-DEFENSE MEASURES FOR CBRN, BUT THE RISK SHOULD BE CONTINUALLY ASSESSED.

6.J. (U) IAW REF (J), DEPLOYED SERVICE MEMBERS AND GOVERNMENT CIVILIANS MUST NOT TAKE ASPIRIN UNLESS UNDER PHYSICIAN'S ORDERS AND DOCUMENTED IN MEMBERS' MEDICAL RECORDS. ASPIRIN USE SHOULD BE DISCONTINUED AT LEAST 10 DAYS BEFORE DEPARTURE. CONTINUOUS ASPIRIN USE INTERFERES WITH BLOOD CLOTTING IN THE EVENT OF A SERIOUS WOUND/INJURY. DEPLOYED SERVICE MEMBERS WILL NOT BE ELIGIBLE TO DONATE PLATELETS IN THEATER IF USING ASPIRIN OR ASPIRIN-BASED MEDICATIONS. OVER-THE-COUNTER, NON ASPIRIN-BASED MEDICATIONS (INCLUDING ACETAMINOPHEN, IBUPROFEN, AND NAPROXEN) ARE SAFER ALTERNATIVES IN DEPLOYED SETTINGS FOR COLDS, FEVER, AND MUSCLE ACHES.

6.K. (U) FORCE HEALTH BRIEFING (REF A and C). A LOCATION OR COUNTRY SPECIFIC FORCE HEALTH BRIEFING WILL BE CONDUCTED PRIOR TO DEPLOYMENT.

7. (U) DISEASES OF CONCERN.

7.A. (U) ENDEMIC DISEASES.

7.A.(1) (U) VECTOR-BORNE DISEASES.

7.A.(1)(A) (U) VECTOR-BORNE DISEASES ARE TRANSMITTED BY MOSQUITOES, TICKS, MITES, LICE, AND FLEAS. OVERALL RISK TO DOD PERSONNEL RANGES FROM LOW TO HIGH IN THE AOR. AVOIDANCE OF VECTORS (24-HRS/DAY) IS KEY, INCLUDING HABITAT AWARENESS, VECTOR CONTROL, PROPER WEAR OF UNIFORM/OTHER CLOTHING, AND USE OF PERSONAL PREVENTIVE MEASURES.

7.A.(1)(B) (U) MALARIA, JAPANESE ENCEPHALITIS, AND DENGUE FEVER ARE HIGH THREATS IN PORTIONS OF THE USPACOM AOR. OTHER POTENTIAL MOSQUITO-BORNE THREATS INCLUDE CHIKUNGUNYA FEVER, WEST NILE VIRUS, AND SINDBIS FEVER. PERSONAL PROTECTIVE MEASURES INCLUDE USE OF INSECT REPELLENT ON SKIN (DEET/PICARIDIN) AND CLOTHING (PERMETHRIN), INSECT REPELLENT

TREATED BED NETS, AND PROPER WEAR OF THE UNIFORM MUST BE GIVEN HIGHEST PRIORITY. FOR MALARIA CHEMOPROPHYLAXIS, MALARONE OR DOXYCYCLINE ARE THE DRUGS OF CHOICE. MEFLOROQUINE SHOULD BE USED ONLY FOR PERSONNEL WITH CONTRAINDICATIONS TO MALARONE AND DOXYCYCLINE AND WITH NO CONTRAINDICATIONS TO MEFLOROQUINE. IF MEFLOROQUINE IS PRESCRIBED, RISK/BENEFIT DISCUSSION MUST BE DOCUMENTED IN THE SERVICE MEMBER'S RECORD IAW REF N. MEFLOROQUINE RESISTANCE IS SIGNIFICANT IN PARTS OF SOUTHEAST ASIA. CONSULT THE CDC WEBSITE (WWW.CDC.GOV/) AND NCMI MALARIA WEBSITE WWW.INTELINK.GOV/NCMI/DOCUMENT.PHP?ID=990E3 FOR THE CURRENT RECOMMENDATIONS FOR THE SPECIFIC COUNTRY/REGION OF INTEREST. PROVIDER GUIDANCE SHOULD DETERMINE INDIVIDUAL DRUG SELECTION FOR EACH SERVICE MEMBER (REF N). TERMINAL PROPHYLAXIS WITH PRIMAQUINE IS REQUIRED POST-DEPLOYMENT AND THE USE OF PRIMAQUINE REQUIRES THE DOCUMENTED ABSENCE OF G6PD DEFICIENCY.

7.A.(1)(C) (U) HANTAVIRUS AND RODENT-BORNE PLAGUE MAY EXIST IN THE USPACOM AOR. CONDUCT PREVENTIVE MEDICINE MEASURES IAW REF Y AFPMB TG 41, FROM RODENT-BORNE DISEASES AND IF POSSIBLE, AVOID COMING IN CONTACT WITH RODENTS AND RODENT BURROWS OR DISTURBING DENS, SUCH AS PACK RAT NESTS.

7.A.(2) (U) FOOD-BORNE AND WATER-BORNE DISEASES: BACTERIAL AND PROTOZOAL DIARRHEA, VIRAL GASTROENTERITIS, HEPATITIS A, BRUCELLOSIS, CHOLERA, HEPATITIS E ARE RISKS OF INFECTION DEPENDANT ON LOCATION AND CONDITIONS. FIELD SANITATION AND HYGIENE (IAW REF C) WILL BE CONTINUALLY EMPHASIZED AND REQUIREMENTS FOLLOWED. TYPHOID AND HEPATITIS VACCINES PER PARA 3.

7.A.(2)(A) (U) ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST POTENTIAL INFECTIOUS DISEASE THREATS TO DOD MEMBERS DURING DEPLOYMENTS WHERE UNSAFE WATER AND FOOD ARE PRESENT. NO FOOD OR WATER (INCLUDING ICE) SHOULD BE CONSUMED UNTIL ASSESSED BY US MILITARY MEDICAL AUTHORITIES (SEE PARA 8.E.). FIELD SANITATION AND HYGIENE (IAW REF C) WILL BE CONTINUALLY EMPHASIZED AND REQUIREMENTS FOLLOWED.

7.A.(2)(B) (U) LEPTOSPIROSIS. THE RISK OF LEPTOSPIROSIS IS HIGHER AMONG PERSONNEL WADING OR SWIMMING IN BODIES OF FRESH WATER SUCH AS LAKES, STREAMS, OR IRRIGATED FIELDS. IF CONTACT WITH POTENTIALLY CONTAMINATED WATER IS UNAVOIDABLE DUE TO TRAINING OR OPERATIONAL REQUIREMENTS, DOXYCYCLINE PROPHYLAXIS MAY BE CONSIDERED PER REF G.

7.A.(2)(C) (U) SCHISTOSOMIASIS (BILHARZIA). SCHISTOSOMIASIS IS ENDEMIC IN MANY REGIONS WITHIN THE USPACOM AOR AND IS TRANSMITTED THROUGH CONTAMINATED, FRESH SURFACE WATER. DEPLOYED SERVICE MEMBERS SHOULD AVOID EXPOSURE TO ANY POTENTIALLY CONTAMINATED FRESH WATER SOURCES.

7.A.(3) (U) RABIES. RABIES IS ASSESSED BY THE NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI), WWW.INTELINK.GOV/NCMI/DOCUMENT.PHP?ID=99063 (LINK IS CASE SENSITIVE) (REF L), AS AN INTERMEDIATE RISK IN MOST COUNTRIES WITHIN THE USPACOM AOR, BUT RANGES FROM LOW TO HIGH, DEPENDING ON EXACT LOCATION.

CONSULT REF L FOR COUNTRY SPECIFIC RISK PRIOR TO DEPLOYMENT. PERSONS BITTEN OR SCRATCHED BY POTENTIALLY INFECTED ANIMALS, INCLUDING DOGS, CATS, BATS, DOMESTIC LIVESTOCK, OR WILD ANIMALS, SHOULD IMMEDIATELY CLEANSE THE WOUND WITH WATER AND SOAP, PREFERABLY POVIDONE-IODINE (BETADINE), AND SEEK MEDICAL ATTENTION FOR BITE- WOUND CARE. FOLLOW STANDARD PROTOCOL FOR RABIES POST-EXPOSURE PROPHYLAXIS AND REF M. CONSULT EXPERT VETERINARY RESOURCES TO ASSIST WITH ANIMAL TESTING AND RISK MANAGEMENT. MEDICAL ASSETS AT ALL LEVELS SHOULD CONSIDER REQUIREMENTS TO BRING A SUPPLY OF HUMAN RABIES IMMUNE GLOBULIN (HRIG) AND RABIES VACCINE, WITH THE NECESSITY THAT COLD CHAIN STORAGE MUST BE MAINTAINED.

7.A.(4) (U) SEXUALLY TRANSMITTED DISEASES (STD) ARE A MODERATE RISK. ABSTINENCE IS THE ONLY WAY TO ENSURE COMPLETE PREVENTION OF AN STD. LATEX CONDOMS SHOULD BE MADE AVAILABLE AND USED BY ALL CHOOSING TO BE SEXUALLY ACTIVE. PERSONNEL SHALL SEEK PROMPT MEDICAL TREATMENT IF STD SYMPTOMS OCCUR. PER REF R, MEMBERS TREATED FOR PRESUMED STD DURING DEPLOYMENT SHALL HAVE AN HIV TEST CONDUCTED WHEN LABORATORY ASSETS BECOME AVAILABLE OR UPON REDPLOYMENT. ADDITIONAL TESTING MAY BE INDICATED BASED ON CLINICAL JUDGMENT.

7.B. (U) ENVIRONMENTAL HEALTH THREATS.

7.B.(1) (U) TOPOGRAPHY AND CLIMATE AS IT RELATES TO HEALTH AND SAFETY.

7.B.(1)(A) (U) WEATHER HAZARDS. TAKE APPROPRIATE PRECAUTIONS WITH REGARD TO LIGHTNING, SUN EXPOSURE, HEAT/HUMIDITY, EXPOSURE TO RAIN, SNOW, WIND, AND COLD TEMPERATURES. EXERCISE CAUTION WHEN CONDUCTING OPERATIONS IN TIMES OF LIMITED VISIBILITY. HAVE AN EVACUATION PLAN IN THE EVENT OF SEVERE WEATHER (TORNADOES, STORM SURGE).

7.B.(1)(B) (U) HEAT STRESS/ SOLAR INJURIES/ILLNESS. HEAT INJURIES MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION TO INCREASED TEMPERATURE AND HUMIDITY MAY TAKE 10 TO 14 DAYS. HEAT INJURIES CAN INCLUDE DEHYDRATION, HEAT SYNCOPE, HEAT EXHAUSTION, HEAT STROKE, AND SUNBURN. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS ON HEAT INJURY PREVENTION. ENSURE AVAILABILITY AND USE OF SUN GOGGLES/GLASSES, AND POTABLE WATER.

7.B.(1)(C) (U) ALTITUDE. OPERATIONS AT HIGH ALTITUDES (OVER 8000 FT) CAN CAUSE A SPECTRUM OF ILLNESSES, INCLUDING ACUTE MOUNTAIN SICKNESS; HIGH ALTITUDE PULMONARY EDEMA, HIGH ALTITUDE CEREBRAL EDEMA, OR RED BLOOD CELL SICKLING IN SERVICE MEMBERS WITH SICKLE CELL TRAIT. ASCEND GRADUALLY, IF POSSIBLE. TRY NOT TO GO DIRECTLY FROM LOW ALTITUDE TO >9,000 FT (2,750 M) IN ONE DAY. USE ACETAZOLAMIDE (DIAMOX) OR CONSIDER USING DEXAMETHASONE (DECADRON) TO SPEED ACCLIMATIZATION IF ABRUPT ASCENT IS UNAVOIDABLE.

7.B.(2) (U) TRENCH (IMMERSION) FOOT MAY OCCUR WHEN FEET HAVE BEEN WET FOR LONG PERIODS. SYMPTOMS INCLUDE TINGLING, ITCHING, PAIN, SWELLING, SKIN BLOTCHING, NUMBNESS, REDNESS, DRYNESS, BLISTERS, AND SKIN PEELING. IF POSSIBLE, REMOVE WET SHOES AND SOCKS, ELEVATE THE FEET AND ALLOW THEM TO AIR DRY, AND USE FOOT POWDER. WEAR DRY SOCKS AND SHOES. DO NOT WEAR SOCKS WHEN SLEEPING OR RESTING. EXAMINE FEET AT LEAST ONCE A DAY TO DETECT ANY INFECTION OR SYMPTOM WORSENING.

7.B.(3) (U) CONTAMINATION AND POLLUTION. POTENTIALLY LOCALIZED OR REGIONAL THREATS COULD RESULT FROM CONTAMINATION OF SURFACE AND/OR GROUND WATER WITH RAW SEWAGE AND/OR INDUSTRIAL WASTES, URBAN AIR AND WATER POLLUTION, AND/OR FRUIT AND VEGETABLE CONTAMINATION. IN HEAVILY INDUSTRIALIZED URBAN AREAS, DAMAGE TO INFRASTRUCTURE MAY CAUSE THE RELEASE OF TOXIC INDUSTRIAL CHEMICALS IN THE REGION. CONSULT ENVIRONMENTAL HEALTH PERSONNEL FOR LOCATION-SPECIFIC GUIDANCE AND REF L.

7.B.(4) (U) DANGEROUS FLORA AND FAUNA.

7.B.(4)(A) (U) AVOID AND DO NOT FEED WILD OR DOMESTICATED ANIMALS. DO NOT KEEP MASCOTS. ALL ANIMALS BITES, SCRATCHES, OR SALIVA EXPOSURES (FOREXAMPLE: DOGS, CATS, MONKEYS, BATS) SHOULD BE REPORTED AND MEDICALLY EVALUATED.

7.B.(4)(B) (U) MANY SPECIES OF VENOMOUS SNAKES, SPIDERS, AND SCORPIONS ARE ENDEMIC IN THE USPACOM AOR. PLANNING SHOULD INCLUDE ANTIVENIN AVAILABILITY AND EVACUATION PLANS. SHOULD BITES OR ENVENOMATIONS OCCUR, SEEK PROMPT MEDICAL ATTENTION.

7.B.(4)(C) A VARIETY OF PLANT RESINS MAY CAUSE CONTACT DERMATITIS (REF L).

7.B.(4)(D) (U) LEATHER HIDES PRESENT AN ANTHRAX RISK AND MUST BE AVOIDED.

7.C. (U) MENTAL HEALTH INFORMATION TO INCLUDE DEPLOYMENT-RELATED STRESSORS, SUICIDE RISK, AND TRAUMATIC STRESS. ALL PERSONNEL SHOULD BE AWARE OF COMBAT AND DEPLOYMENT-RELATED STRESS, SIGNS/SYMPTOMS, AND HOW TO SEEK HELP FOR THEMSELVES OR THEIR BUDDIES.

COMMANDERS AND ALL PERSONNEL SHOULD BE COGNIZANT OF SIGNS OF MENTAL STRESS AND ENFORCE SLEEP DISCIPLINE. THE POLICIES OF DODI 6490.05 SHALL BE EXECUTED DURING ALL OPERATIONS (REF S).

7.D. (U) INJURIES (WORK AND RECREATIONAL). WORK INJURIES, AS WELL AS SPORTS AND OTHER RECREATIONAL INJURIES, ARE SIGNIFICANT CONTRIBUTORS TO MISSION INEFFECTIVENESS. COMMAND EMPHASIS ON SAFETY AWARENESS AND INJURY PREVENTION ARE ESSENTIAL.

7.E. (U) CRIME AND TERRORISM, INCLUDING CBRNE THREATS. RISK OF CRIME AND TERRORISM THREATS IS LOW TO INTERMEDIATE FOR MOST OF THE AOR, BUT PERSONNEL SHOULD BE ALERT TO POTENTIAL CRIMINAL OR VIOLENT SITUATIONS.

8. (U) FIELD HYGIENE AND SANITATION.

8.A. (U) UNIT FIELD SANITATION TEAMS (PER SERVICE REQUIREMENTS) WILL BE USED TO AID THE UNIT COMMANDER WITH PROTECTING THE HEALTH OF THE COMMAND.

8.B. (U) MOST INFECTIONS AND ILLNESSES CAN BE PREVENTED OR MITIGATED THROUGH VACCINATIONS, MEDICATIONS, OR PHYSICAL BARRIERS. THE BEST DEFENSE AGAINST INFECTIOUS DISEASE THREATS IS STRICT DISCIPLINE IN PROPER FIELD HYGIENE AND SANITATION PRACTICES (NOTABLY HAND WASHING AND SANITARY WASTE DISPOSAL). UNITS ARE RESPONSIBLE FOR PROVIDING FIELD SANITATION REQUIREMENTS UNLESS SUCH SERVICES ARE CONTRACTED. ENVIRONMENTAL HEALTH OVERSIGHT OF FOOD SERVICE CONTRACTORS AND WASTE DISPOSAL CONTRACTORS IS REQUIRED.

8.C. (U) CONTACT WITH LOCAL ANIMALS WILL BE AVOIDED. NO PETS OR MASCOTS WILL BE KEPT.

8.D. (U) FOOD AND WATER SOURCES. CONSUMPTION OR INDIVIDUAL PURCHASE OF UNAPPROVED LOCAL FOOD IS PROHIBITED.

8.E. (U) ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND/OR APPROVED BY PROPERLY TRAINED MEDICAL PERSONNEL.

8.F. (U) NO FOOD OR WATER SOURCES WILL BE UTILIZED UNTIL A RISK ASSESSMENT HAS BEEN COMPLETED BY PROPERLY TRAINED MEDICAL PERSONNEL AND RISK IS ACCEPTED BY MISSION COMMANDER.

8.G. (U) PERIODIC INSPECTIONS OF FOOD AND WATER STORAGE FACILITIES ARE REQUIRED.

9. (U) HEALTH ASSESSMENTS AND NON-DEPLOYABLE SERVICE MEMBERS.

9.A. (U) PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT.

9.B. (U) UNRESOLVED HEALTH PROBLEMS MANDATING SIGNIFICANT DUTY OR MOBILITY LIMITATIONS DISQUALIFY A MEMBER FOR DEPLOYMENT. OTHER MEDICAL DISQUALIFICATION AND ASSOCIATED GUIDANCE IS IDENTIFIED IN REF F.

9.C. (U) ALL COMMANDERS WILL SUPPORT THEATER INITIATIVES TO IDENTIFY AND MINIMIZE HEALTH RISKS DURING THE DEPLOYMENT.

9.D. (U) IAW REF C AND X, A PRE-DEPLOYMENT HEALTH ASSESSMENT - DD FORM 2795, POSTDEPLOYMENT HEALTH ASSESSMENT (PDHA) - DD FORM 2796, POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) - DD 2900, AND MENTAL HEALTH ASSESSMENTS WILL BE COMPLETED BY ALL PERSONNEL WHO DEPLOY FOR OVER 30 DAYS TO OCONUS AREAS WITHOUT A FIXED US MTF. SHIPBOARD PERSONNEL WHO WILL NOT BE GOING ASHORE TO SUPPORT LAND BASED OPERATIONS MAY BE EXEMPT FROM THESE REQUIREMENTS. RESPONSIBLE PREVENT MEDICINE/PUBLIC HEALTH PERSONNEL, USPACOM SG, COMPONENT SURGEONS, OR JOINT TASK FORCE SURGEON MAY REQUIRE ASSESSMENTS FOR ANY DEPLOYMENT (REGARDLESS OF LOCATION OR LENGTH) BASED ON ANTICIPATED OR ACTUAL HEALTH THREATS. COMPLETION OF THE ASSESSMENTS WILL INCLUDE AFACE-TO-FACE INTERVIEW WITH A HEALTH CARE PROVIDER. SERVICE MEMBERS WILL INITIATE THESE ASSESSMENTS VIA SERVICE APPROVED METHODS. HEALTH CARE PROVIDERS WILL COMPLETE THE ASSESSMENTS IAW SERVICE MEDICAL PROCEDURES. A COPY OF THE COMPLETED ASSESSMENT FORMS MUST BE INTEGRATED IN THE SERVICE MEMBERS HEALTH RECORD AND AN ANNOTATION OF COMPLETION

NOTED IN THE APPROPRIATE BLOCK OF THE ADULT PREVENTIVE AND CHRONIC CARE FLOW SHEET - DD FORM 2766.

9.D.(1) (U) IAW REF X, THE PRE-DEPLOYMENT HEALTH ASSESSMENT MAY BE COMPLETED WITHIN 120 DAYS PRIOR TO EXPECTED DEPLOYMENT DATE. THE POST-DEPLOYMENT ASSESSMENT SHOULD BE COMPLETED AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT MUST BE WITHIN 30 DAYS BEFORE OR 30 DAYS AFTER REDEPLOYMENT. THE POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA) MUST BE COMPLETED 90 TO 180 DAYS AFTER REDEPLOYMENT.

9.E. (U) DOD CIVILIANS WHO ARE ON TDY MISSIONS ARE AUTHORIZED TRANSPORTATION TO THEIR HOME STATION AT USG EXPENSE PER THE JOINT TRAVEL REGULATION C7020 EMPLOYEE'S INCAPACITATING ILLNESS OR INJURY (CHANGE 576 10/01/13). HEALTHCARE FOR DOD EMPLOYEES IS AUTHORIZED THROUGH MILITARY TREATMENT FACILITIES BOTH OCONUS AND IN THE UNITED STATES FOR INJURIES AND ILLNESS INCURRED DURING A DEFINED CONTINGENCY OPERATION (DODD 1404.10) OR EMERGENCY (JCS PUB.1-02). HEALTHCARE FOR TDY MISSIONS OUTSIDE THE SCOPE OF A DEFINED CONTINGENCY OPERATION OR EMERGENCY MAY NOT BE AUTHORIZED FOR DOD CIVILIANS. IT IS INCUMBENT UPON DOD CIVILIANS TRAVELING ON TDY TO HAVE A HEALTH PLAN WHICH WILL PROVIDE ADEQUATE COVERAGE DURING THESE TYPES OF MISSIONS. THE FEDERAL EMPLOYEES COMPENSATION ACT AND THE OFFICE OF WORKERS' COMPENSATION PROGRAMS PROVIDE A MECHANISM TO RECEIVE REIMBURSEMENT FOR ILLNESS/ INJURY SUSTAINED ON THE JOB. HOWEVER, THE EMPLOYEE IS OFTEN REQUIRED TO PAY UP FRONT AND REIMBURSEMENT, IF APPROVED, WILL COME AFTER THE FACT.

10. (U) DISEASE AND INJURY SURVEILLANCE 10. A. PER REF A, DISEASE AND INJURY TRENDS WILL BE COLLECTED, MONITORED, RECORDED AND REPORTED. HISTORICAL REPORTS WILL BE ARCHIVED AT THE RESPECTIVE THEATER SERVICE COMPONENT LEVEL HEADQUARTERS.

10. B. ALL REPORTABLE MEDICAL EVENTS (RME) WILL REPORTED, PER REF A.

ADDITIONALLY, RME INFORMATION MUST BE TRANSMITTED TO RESPECTIVE SERVICE SURVEILLANCE OFFICE FOR DOCUMENTATION IN THEIR DISEASE REPORTING SYSTEM-INTERNET SYSTEM.

11. (U) OCCUPATIONAL AND ENVIRONMENTAL HEALTH SITE ASSESSMENT (OEHS) 11. A. PER REF A, C, AND Y, OEHS ARE CONDUCTED TO IDENTIFY OEH HAZARDS THAT POSE POTENTIAL HEALTH RISKS TO US PERSONNEL AT U.S.FORCES LOCATIONS FOR CONSIDERATION DURING OPERATIONAL PLANNING AS PART OF THE OPERATIONAL FHP PROGRAM.

11. B. OEHS'S ARE INITIATED AND COMPLETED IAW WITH REF A. ALL OEHS DATA OR EXPOSURE INCIDENT INVESTIGATIONS WILL BE SUBMITTED TO THE DEFENSE OCCUPATIONAL AND ENVIRONMENTAL READINESS SYSTEM (DOEHS). CLASSIFIED EXPOSURE DATA SHOULD BE SUBMITTED DIRECTLY TO MESL-S [HTTPS://MESL.CSD.DISA.SMIL.MIL](https://MESL.CSD.DISA.SMIL.MIL). IF ACCESS TO THE MESL-S IS NOT AVAILABLE, EMAIL THE DOCUMENT TO OEHS@USACHPPM.ARMY.SMIL.MIL IAW WITH REF A.

12. (U) POC JOC MED (808)-477-7885 OR JOC-MED.PACOM (AT)PACOM.MIL, JOC.MED.PACOM(AT)PACOM.SMIL.MIL.

12. (U) EXPIRATION DATE: MISSION DURATION OR UNTIL RESCINDED BY FOLLOW ON ORDER.// BT

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